

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 163

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 202No. 001 5th x. Bailey St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Malcolm Neal Clark (If child is not yet named, make supplemental report, as directed.)3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 4 6. Legitimate? Yes. 7. Date of birth Sept 21 1927  
Month Day Year8. FATHER  
Full name Claude Geo. Clark9. Residence  
(Usual place of abode) Young  
If non-resident, give place and state. Ariz.10. Color or race W. 11. Age at last birthday 37 (Years)12. Birthplace (city or place) Stevensville  
(State or country) Tex.13. Occupation Stoukkeeper  
Nature of industry14. MOTHER  
Full maiden name Leona Adelle  
Nicholson15. Residence  
(Usual place of abode) Young  
If non-resident, give place and state. Ariz.16. Color or race W. 17. Age at last birthday 35 (Years)18. Birthplace (city or place) Stevensville  
(State or country) Tex.19. Occupation Housewife  
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 a.m. on the date above stated  
(Born alive or stillborn)\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature [Signature] (Physician or midwife).  
Address Globe ArizGiven name added from a supplemental report. Filed Sept 30 1927 W. H. Hont  
Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

432-921-355